Interoperability – What the HL7 is That?

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A little History…

The Immunization Registry was instituted in 1998 and was the first state to begin using ASIIS or "**A**rizona **S**tate **I**mmunization **I**nformation **S**ystem after the state legislature enacted a requirement for providers to report immunizations given to all children 18 and under as well as immunizations given by pharmacies for all children and adults.

In the first year providers registered over 600,000 patients and reported over 2.5 million immunization reports.

To date the Registry has registered 5.7 million patients and received 59.4 million immunization reports.

Interoperability – What the HL7 is that?

Interoperability - is the ability of making systems and organizations work together (inter-operate).

HL7 - refers to a set of international standards for transfer of clinical and administrative data between medical and ancillary systems.

- Communicating with multiple systems and agencies is important to make it easier to report and distribute information.

- Communicating with ASIIS is a necessity to insure that patients who receive vaccinations get reported incase of a vaccine recall or to verify who may or may not be protected if a serious breakout were to emerge.

- Manual interoperability exists when the provider reports immunizations using paper or by logging into the ASIIS system via the internet and manually entering those shots.

- Automated interoperability exists when the provider staff enters the shot into their EHR and that EHR system reports it to ASIIS via an HL7 electronic format.

Provider's EHR

>>>00110011001100110011001100>>>
<<<11011011011011010101010110<<<

ASIIS

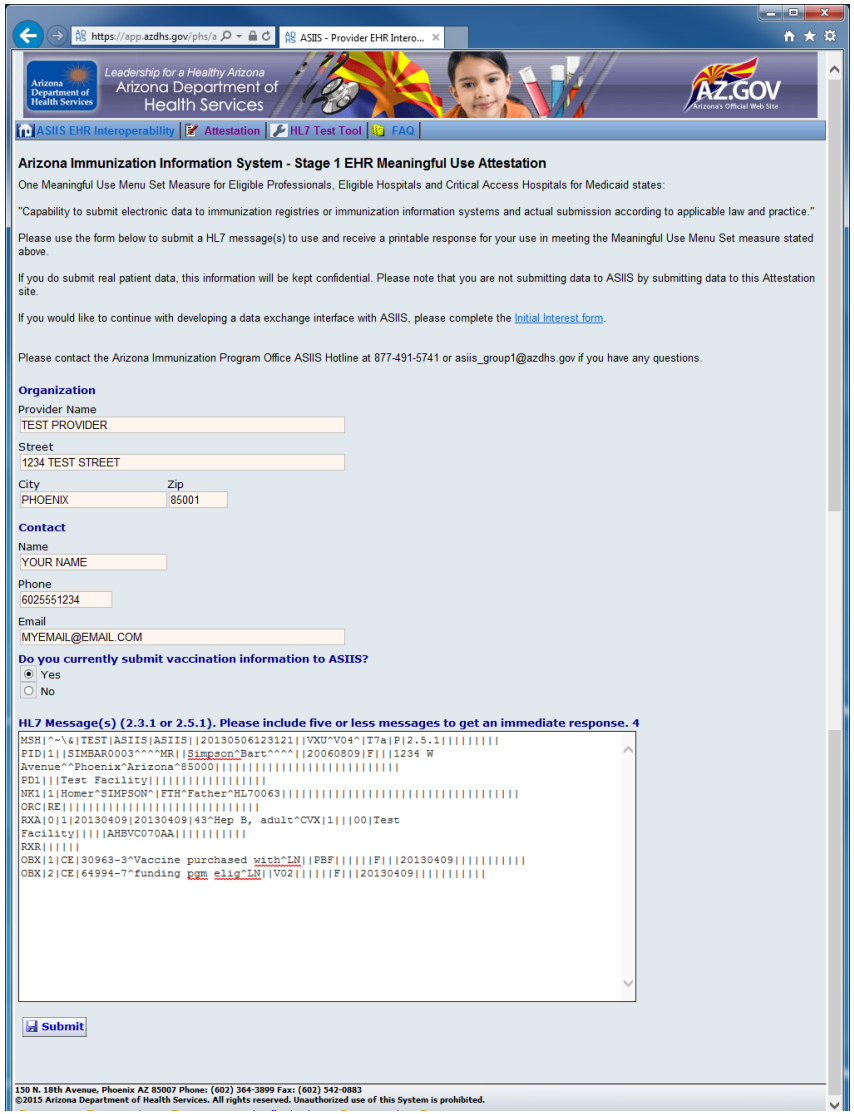
- The federal government has been providing funding thru programs such as “Meaningful Use” for medical providers who seek to improve efficiencies in their chart and record keeping practices by moving toward EHR’s (electronic health records).

- During the onboarding process it is vital that you keep records of your onboarding activities such:
  - Copy of your submitted Initial Interest form
  - Copies of messages submitted and responses received during testing and production
  - Any email correspondence between you and the ASIIS HL7 onboarding team

Once your Initial Interest Form has been received we will send a email confirming receipt of your document. Our next step will be to request you post a sample HL7 Message to our HL7 provider/attestation testing website to verify if the message is able to pass our first level testing process.

It is imperative you print and file the response receive from this website related to the message posted for future auditing purposes.

Provider Testing Tool:
https://app.azdhs.gov/phs/asiis/ehrinteroperability/Attestation.aspx


https://app.azdhs.gov/phs/a
ASIIS - Provider EHR Intero...
Leadership for a Healthy Arizona
Arizona Department of Health Services
AZ.GOV
ASIIS EHR Interoperability
Attestation
HL7 Test Tool
FAQ
Arizona Immunization Information System - Stage 1 EHR Meaningful Use Attestation
One Meaningful Use Menu Set Measure for Eligible Professionals, Eligible Hospitals and Critical Access Hospitals for Medicaid states:
"Capability to submit electronic data to immunization registries or immunization information systems and actual submission according to applicable law and practice."
Please use the form below to submit a HL7 message(s) to use and receive a printable response for your use in meeting the Meaningful Use Menu Set measure stated above.
If you do submit real patient data, this information will be kept confidential. Please note that you are not submitting data to ASIIS by submitting data to this Attestation site.
If you would like to continue with developing a data exchange interface with ASIIS, please complete the Initial Interest form.
Please contact the Arizona Immunization Program Office ASIIS Hotline at 877-491-5741 or asiis_group1@azdhs.gov if you have any questions.
Organization
Provider Name
TEST PROVIDER
Street
1234 TEST STREET
City
PHOENIX
Zip
85001
Contact
Name
YOUR NAME
Phone
6025551234
Email
MYEMAIL@EMAIL.COM
Do you currently submit vaccination information to ASIIS?
Yes
No
HL7 Message(s) (2.3.1 or 2.5.1). Please include five or less messages to get an immediate response. 4
MSH|^~\&|TEST|ASIIS|ASIIS||20130506123121||VXU^V04^|T7a|P|2.5.1|||||||||
FID|1|SIMBAR0003^^^^MR||Simpson^Bart^^^^||20060809|F|||1234 W
Avenue^^Phoenix^Arizona^85000||||||||||||||||||||||||||||||
PD1|||Test Facility||||||||||||||||
NK1|1|Homer^SIMPSON^|FTH^Father^HL70063|||||||||||||||||||||||||||||||||
ORC|RE||||||||||||||||||||||||||||
RXA|0|1|20130409|20130409|43^Hep B, adult^CVX|1|||00|Test
Facility||||AHBVC070AA|||||||||||
RXR||||||
OBX|1|CE|30963-3^Vaccine purchased with^LN||PBF|||||F|||20130409|||||||||||
OBX|2|CE|64994-7^funding pgm elig^LN||V02|||||F|||20130409|||||||||||
Submit
150 N. 18th Avenue, Phoenix AZ 85007 Phone: (602) 364-3899 Fax: (602) 542-0883
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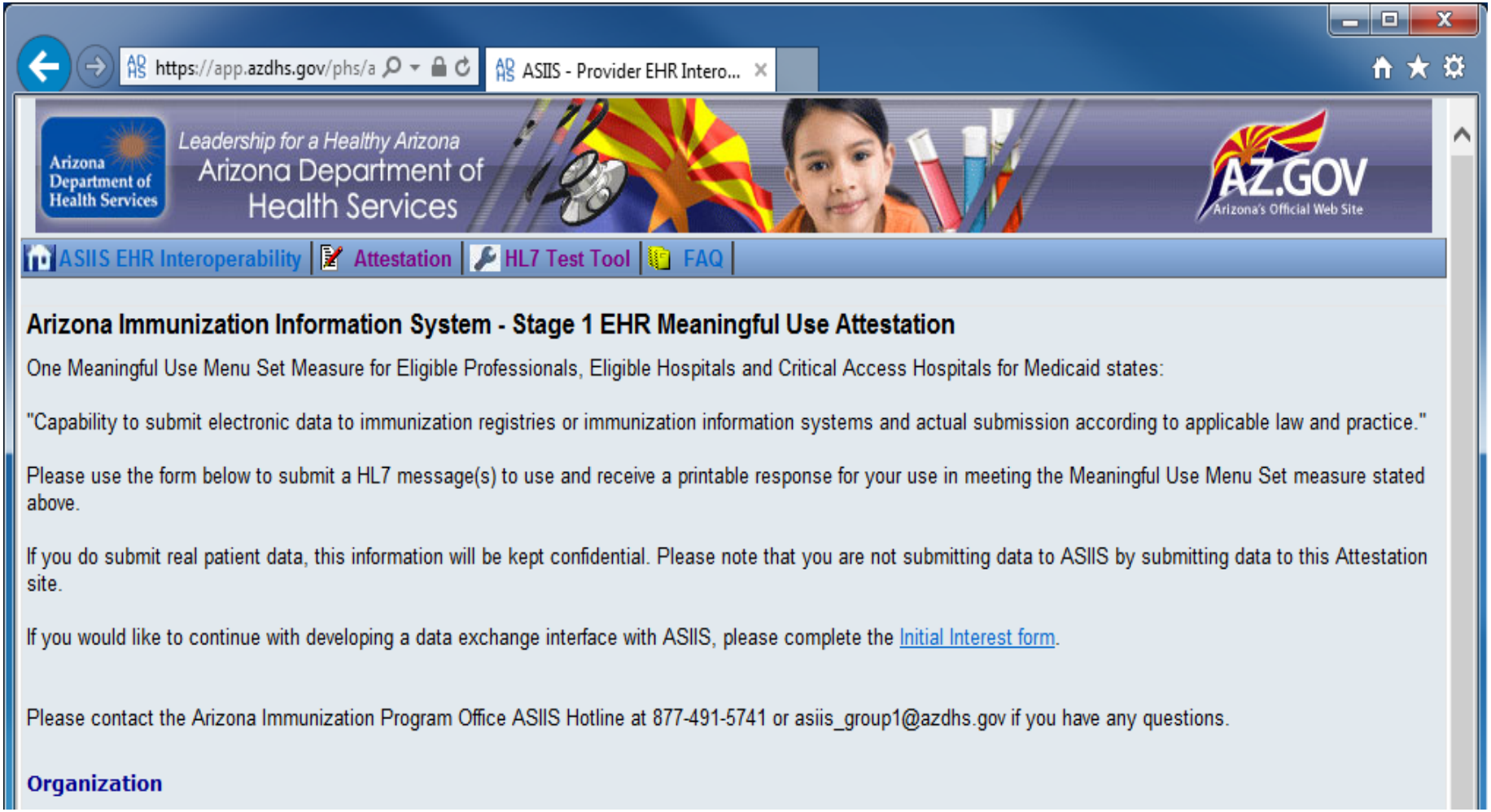
https://app.azdhs.gov/phs/a
ASIIS - Provider EHR Intero...
Leadership for a Healthy Arizona
Arizona Department of Health Services
Arizona Department of Health Services
AZ.GOV
Arizona's Official Web Site
ASIIS EHR Interoperability
Attestation
HL7 Test Tool
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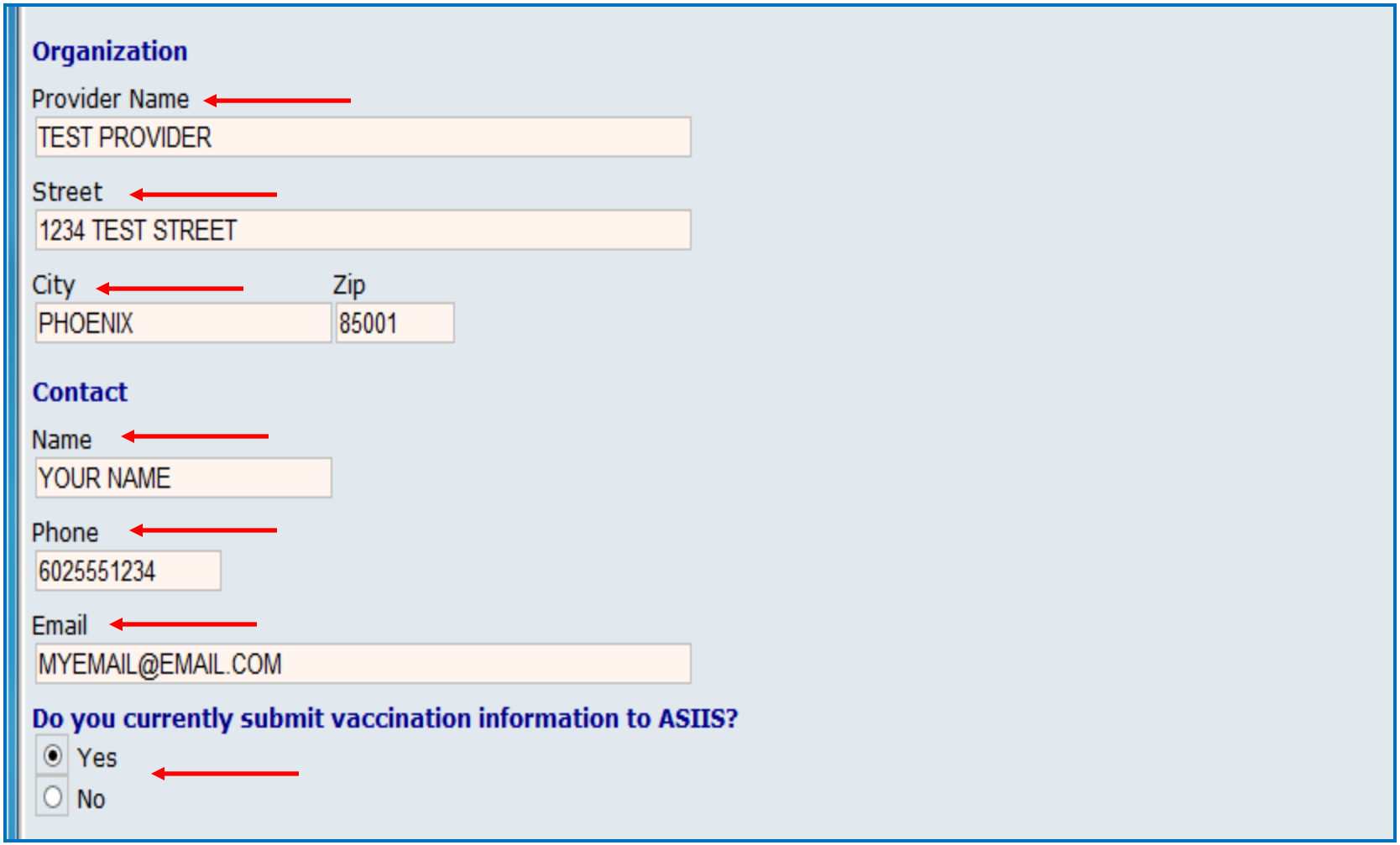
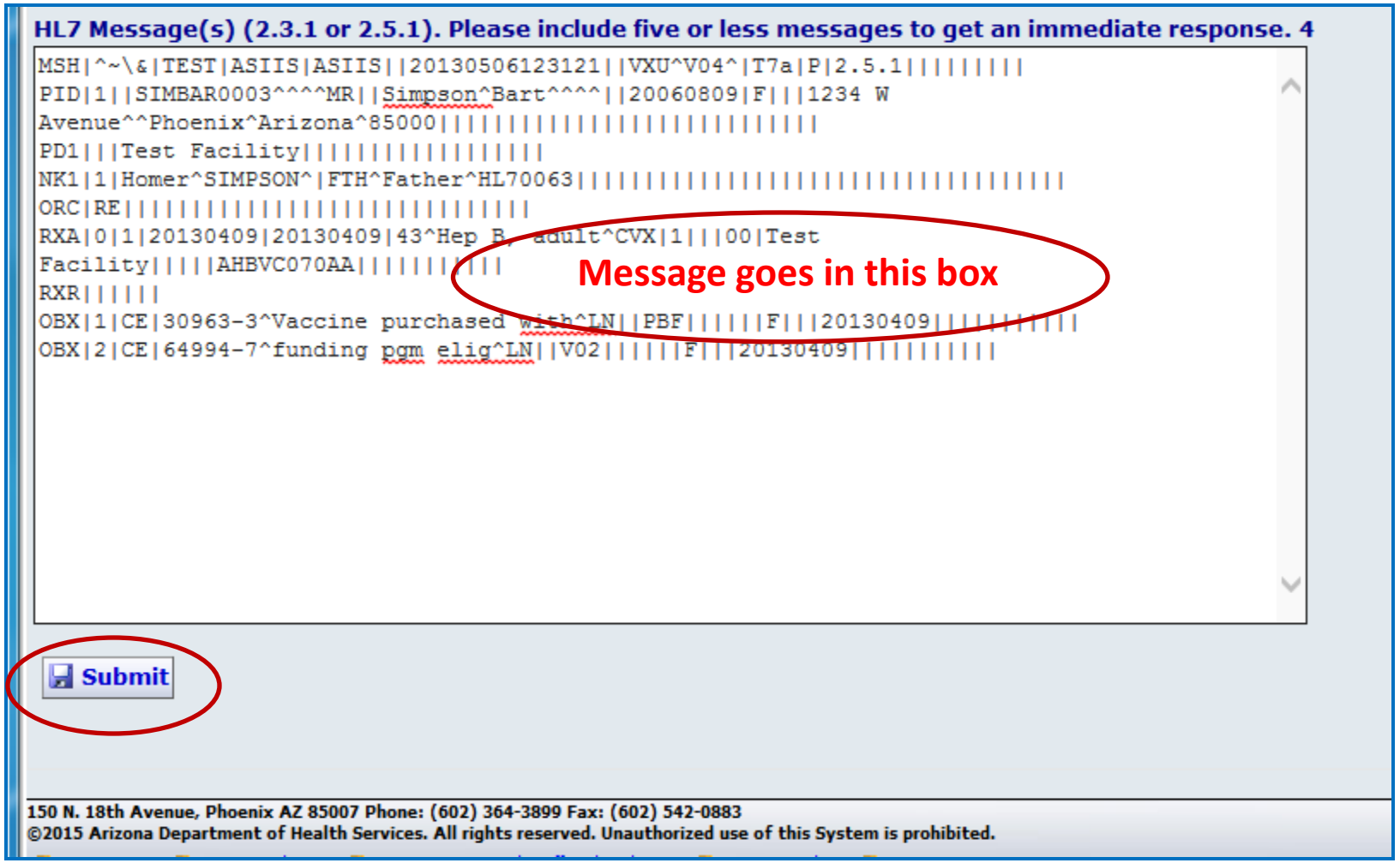
Organization


Organization
Provider Name
TEST PROVIDER
Street
1234 TEST STREET
City
Zip
PHOENIX
85001
Contact
Name
YOUR NAME
Phone
6025551234
Email
MYEMAIL@EMAIL.COM
Do you currently submit vaccination information to ASIIS?
Yes
No


HL7 Message(s) (2.3.1 or 2.5.1). Please include five or less messages to get an immediate response. 4
MSH|^~\&|TEST|ASIIS|ASIIS||20130506123121||VXU^V04^|T7a|P|2.5.1|||||||||
PID|1||SIMBAR0003^^^^MR||Simpson^Bart^^^^||20060809|F|||1234 W
Avenue^^Phoenix^Arizona^85000||||||||||||||||||||||||||||||
PD1|||Test Facility||||||||||||||||||
NK1|1|Homer^SIMPSON^|FTH^Father^HL70063||||||||||||||||||||||||||||||||||||
ORC|RE||||||||||||||||||||||||||||||
RXA|0|1|20130409|20130409|43^Hep B, adult^CVX|1|||00|Test
Facility|||||AHBVC070AA|||||||||
RXR||||||
OBX|1|CE|30963-3^Vaccine purchased with^LN||PBF||||||F|||20130409||||||||||||
OBX|2|CE|64994-7^funding pgm elig^LN||V02||||||F|||20130409||||||||||||
Message goes in this box
Submit
150 N. 18th Avenue, Phoenix AZ 85007 Phone: (602) 364-3899 Fax: (602) 542-0883
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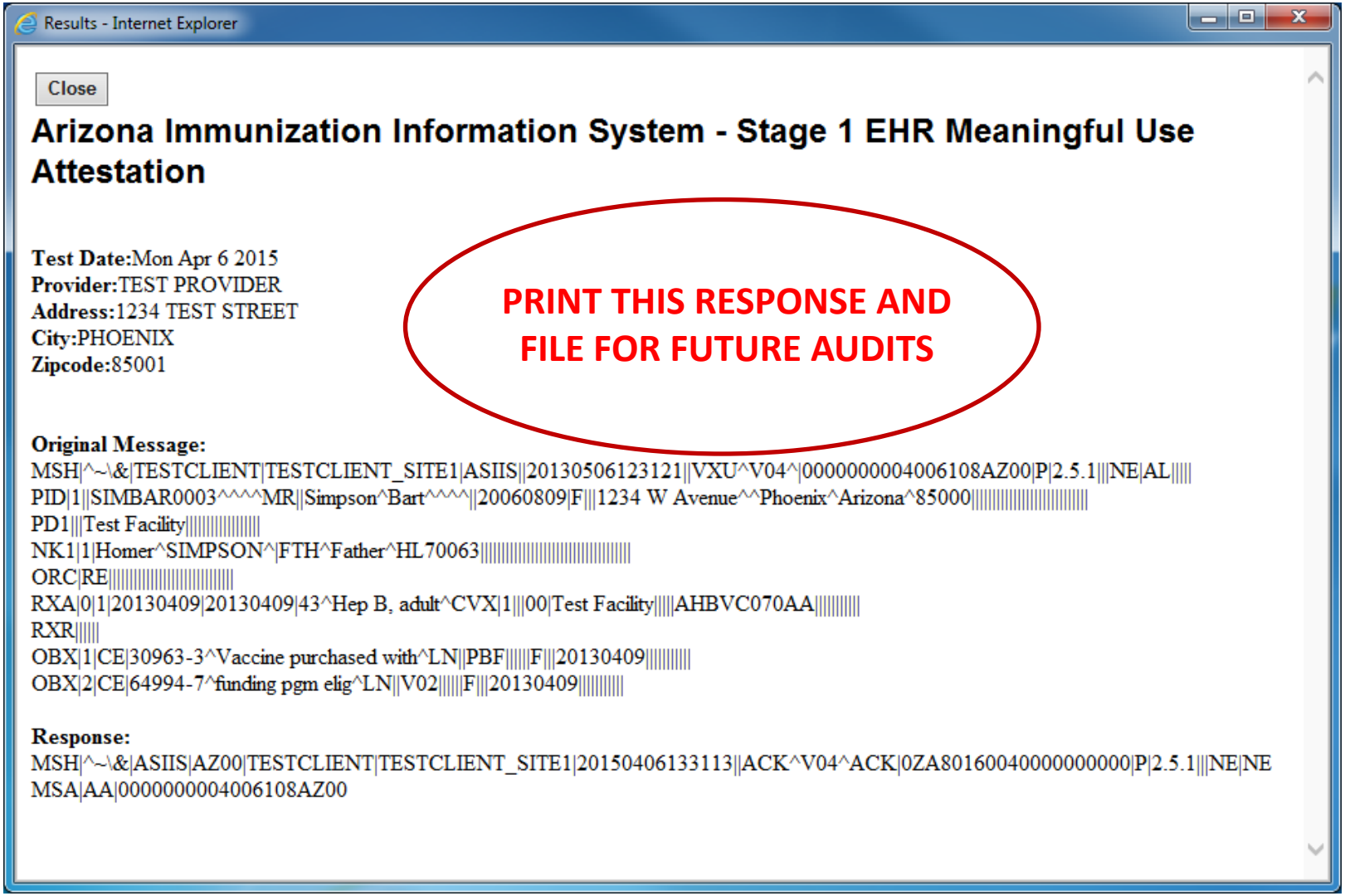
Results - Internet Explorer
Close
Arizona Immunization Information System - Stage 1 EHR Meaningful Use Attestation
Test Date:Mon Apr 6 2015
Provider:TEST PROVIDER
Address:1234 TEST STREET
City:PHOENIX
Zipcode:85001
PRINT THIS RESPONSE AND FILE FOR FUTURE AUDITS
Original Message:
MSH|^~\&|TESTCLIENT|TESTCLIENT_SITE1|ASIIS||20130506123121||VXU^V04^|00000000004006108AZ00|P|2.5.1|||NE|AL|||||
PID|1||SIMBAR0003^^^^MR||Simpson^Bart^^^^||20060809|F|||1234 W Avenue^^Phoenix^Arizona^85000||||||||||||||||||||||||
PD1|||Test Facility||||||||||||||||
NK1|1|Homer^SIMPSON^|FTH^Father^HL70063|||||||||||||||||||||||||||||
ORC|RE||||||||||||||||||||||||
RXA|0|1|20130409|20130409|43^Hep B, adult^CVX|1|||00|Test Facility|||||AHBVC070AA|||||||||
RXR|||||
OBX|1|CE|30963-3^Vaccine purchased with^LN||PBF|||||F|||20130409|||||||||
OBX|2|CE|64994-7^funding pgm elig^LN||V02|||||F|||20130409|||||||||
Response:
MSH|^~\&|ASIIS|AZ00|TESTCLIENT|TESTCLIENT_SITE1|20150406133113||ACK^V04^ACK|0ZA80160040000000000|P|2.5.1|||NE|NE
MSA|AA|00000000004006108AZ00

After we have received your attestation message we will set up your credentials for sending messages to the ASIIS Staging System. At this point usually the implementation process transfers to your vendor to create and/or adjust your current messaging system to meet our HL7 standards.

After the messaging system has been setup and thoroughly tested then the process is moved into production. Once in production you should be able to let your EHR send all the vaccinations administered minimizing you're time spent manually loading administered shots in ASIIS.

- For VFC Providers automatic lot inventory decrementing is a key outcome
- In order for lots to decrement accurately ASIIS must receive:
  - Correct lot number
  - Correct Manufacturer information

    These both must match the lot information in ASIIS. This information would be on the order packing slip.

- Vaccines must be publicly supplied by the VFC program
- Patient must be VFC eligible
- ASIIS must receive the correct VFC code from the EMR

For assistance or additional information please contact:

Arizona Department of Health Services
Immunization Program
150 N. 18th Avenue
Phoenix, AZ 85007

Phone: (602) 364-3899
Fax: (602) 364-3285

Website: http://www.azdhs.gov/
Email: ASIIS_Group1@azdhs.gov